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APPLICANTS Francesco Orlandi, Palermo, ITALY; <i>LAC</i> David Krantz, Bayside, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/02/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>Scott Law</i> <i>LAC</i> Examiner's Signature Initials		STATE OR COUNTRY ITALY	SHEETS DRAWING 3	TOTAL CLAIMS 30
			INDEPENDENT CLAIMS 4	
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TITLE Multi-marker screening protocol for fetal abnormalities				
FILING FEE RECEIVED 1391	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	